State of New Hampshire
2015 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 03/10/2015
Business ID: 241075
William M. Gardner
Secretary of State

MARDI PROPERTIES, L.L.C.

102 RIVERWAY PL
BEDFORD, NH 03110

ENTITY TYPE: LLC
BUSINESS ID: 241075
STATE OF DOMICILE: NEW HAMPSHIRE

TO OWN & MANAGE REAL PROPERTY; ANY LAWFUL ACTIVITY

1

ADDRESS OF PRINCIPAL OFFICE:
102 RIVERWAY PL
BEDFORD, NH 03110

REGISTERED AGENT AND OFFICE:
NORMAND, JAMES A, ESQ
15 HIGH ST
MANCHESTER, NH 03101

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If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address

☐ The new principal office address

PO Box is acceptable.

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MANAGERS — **A**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

PRES. **Gerard A Plante**
STREET **56 Crowley Road**
CITY/STATE/ZIP **Candia Nh 03034**
TREAS. **William K. Dietrich Jr.**
STREET **55 Pahray Lane**
CITY/STATE/ZIP **Manchester Nh 03109**
MANA. **Diane T Dietrich**
STREET **55 Pahray Lane**
CITY/STATE/ZIP **Manchester Nh 03109**
NAME .....
STREET .....
CITY/STATE/ZIP

MEMBERS — **B**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

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To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **William K Dietrich Jr**

Please print name and title of signer: **William K Dietrich Jr** / **TREASURER**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

024107520151008

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301